CGB-CC-0718



Received & Inspected

JAN 28 2008

FCC Mail Room

January 11, 2008

Commission's Secretary
Federal Communications Commission
Attn: CGB Room 3-B431
9300 E. Hampton Drive
Capitol Heights, MD 20743

Dear Sirs,

Our 501c3 non profit ministry is producing a television program to lead local and national youth and communities to Christ. Due to the fact that we have only one paid employee and a small membership this will create an undue burden upon our ministry. Our income will not enable us to both produce and promote this program in the event we cannot receive this exemption due to the extra costs involved with closed captioning services.

Unfortunately, with our current small membership team we have thus far been unsuccessful in obtaining promotional consideration to offset these extra costs.

We submit to you our request to receive an exemption from this programming requirement at this time. Once our program grows in both viewership and revenue we would be more than willing to provide this extra service at the expense of our ministry as our goal is to provide all areas of service to our viewers, especially to those who are disabled.

We are enclosing our 501c3 determination and 2005 tax return (we were exempt from filing in 2006) to provide proof of income for this exemption to be approved. You may contact us at any time for further information.

Please prayerfully consider this exemption that will enable us to share the Gospel of Christ to our youth throughout our nation.

ours in Christ Jesus,

7827 Tanners Gate, Florence, KY 41042
Web Site: www.DrFaith.org Email: Drfaith@fuse.net

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201 DEPARTMENT OF THE TREASURY

Date: JUN 2 9 2004

RIVER OF FAITH INTERNATIONAL HARVEST INC 854 OLD US RT 52 NEW RICHMOND, OH 45157 Employer Identification Number:

06-1705197

DLN:

17053276001033

Contact Person:

RICHIE HEIDENREICH ID# 75891

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Form 990 Required:

No

Addendum Applies:

No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(w) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely

Letter 947 (DO/CG)

RIVER OF FAITH INTERNATIONAL

on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return; unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free

Letter 947 (DO/CG)

RIVER OF FAITH INTERNATIONAL

number shown above.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

cosincerely yours,

Die G. Hernen

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

River of Faith International Harvest, Incorporated

2007 Profit and Loss

Total Income	\$28,260.00
Expense Building Rent Salary Misc. Office	\$24,250 \$ 3,800 \$ 2,103
Equipment	\$10,300
YTD	-\$ 12,193



Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For t	he 2005 c	alendar	'year, or tax year be	ginning	·	, 200	5, and	ending		, 20
В	Check i	i appilcable:	Please	C Name of organization						D Employ	er identification number
	Addres	s change	use IRS label or	River of Faith Inte			A	\Rightarrow	harm.		
	Name	change	print or type.	Number and street (o	r P.O. box if	mail is not delive	da to sirodi ((addi)elss	ED) Alley	E Teleph	one number
	initial r	etum	Sea Specific	854 Old US Rt 52			$\stackrel{\smile}{-}$				<u>}</u>
	Final re	eturn	Instruc-	City or town, state or		1 ZIP + 4			[g method: 🛛 Cash 🔲 Accruel
	Amend	led return	tions.	New Richmond O		,		·····	H and I am not		ner (specify) > to section 527 organizations.
	Applica	tion pending		ction 501(c)(3) organize sts must attach a comp					H(a) is this a g	roup return	for affillates? 🔲 Yes 🛭 No
G	Websi	te: ►									er of affillates >
J				only one) > 501(c)					H(c) Are all affi (If "No," a H(d) Is this a se	ttach a list.	. See instructions.)
K				rganization's gross receiptions and with the IRS; but					organizatio	n covered b	y a group ruling? - Yes // No
				n. Some states require a			THO E TOLUIT	,		emption Nu	
											he organization is not required
_				s 6b, 8b, 9b, and 10b			370				orm 990, 990-EZ, or 990-PF).
P	art l	Reven	ue, Ex	penses, and Cha	nges in	Net Assets	or Fund I	Balan	ces (See the	e instruc	ctions.)
	1		-	gifts, grants, and si			1 . 1		٠		
	а			upport					63	I D	
	Ь	indirect					. 1b				
	C			ontributions (grants)						1d	. 630
	d			1a through 1c) (cash) .	2	030
	2			revenue including g						3	
	3		•	es and assessmen						4	
	4			ings and temporary interest from securif				• •		5	
	5			interest from securi			1 - 1	• •	• • • •	45	
	6a			penses,			. 62				
	b			ne or (loss) (subtrac						6c	
2	7	Other in	vestme	nt Income (describe	ــم ◄ ∈	(A) Securities	· · · ·	(9)	Other	7	
Revenue	8a			from sales of assets		(N) Securities	8a	(6)	Other		
<u>.</u>	β ^α	Less; cos	t or oth	er basis and sales exp	oenses		8b				
	C	Gain or	(loss) (a		L		8c				
	L d	Net gain	or (loss) (combine line 8c, c	olumns (A) and (B))				8d	
	9	Special et	vents an	d activities (attach sch	edule). If a	ny amount is fro	m gaming,	, check	here 🕨 🗌		- <u>-</u>
	a			(not including \$		0	f				
				ported on line 1a) .			9a 9b				
				oenses other than f					·	9c	
				(loss) from special e				9a) .		0	
				inventory, less retur oods sold							
	F ".	Cross pro	storge strarda	ess) from sales of inve	nton, lotte	sh echadula) (ei		10h fr	m line 10al	10c	40
	11			from Part VII, line 1			MINIOL IIIIO	TOO HO	mi me roa,	11	
	12			add lines 1d, 2, 3, 4,			d 11/	١. :		12	670
_	13			es (from line 44, col			B			13	3201.39
ş	14			nd general (from line		mn (C))		(())		14	1086
Expenses	15			m line 44, column (15	
ä	16		• •	filiates (attach sche	• • • • • • • • • • • • • • • • • • • •			, .		16	
	17			(add lines 16 and				<u> </u>	<u> </u>	17	4287.39
ä	18	Excess of	or (defic	cit) for the year (sub	tract line	17 from line 1	2)			18	(3617.39)
ŞŞŞ	19	Net asse	ts or fu	and balances at beg	dinning of	year (from line	e 73, colu	mn (A))	19	2241
Net Assets	20	Other ch	anges	in net assets or fun	d balance	es (attach exp	lanation).			20	
_	21			nd balances at end o					<u> </u>	21	(1376.39)
For	Privac	y Act and	l Papen	work Reduction Act I	Notice, se	e the separate	instruction	na, C	Dat. No. 11282Y		Form 990 (2005)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ noncash \$)	22			and general	
23	If this amount includes foreign grants, check here ▶ ☐ Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24		·		
5	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
9	Payroll taxes	29			· · · · · · · · · · · · · · · · · · ·	
	Professional fundralsing fees	30				
1	Accounting fees	31				
2	Legal fees	32				
	Supplies	33				
4	Telephone	34				
5	Postage and shipping	35				`
5	Occupancy	36				
7	Equipment rental and maintenance	37				
3	Printing and publications	38	485.54		485,54	
	Travel	39				
	Conferences, conventions, and meetings	40	600		600	
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42				
З а.	Other expenses not covered above (itemize): Ministerial Programs	43a	3201.85	3201.85		
b.		43b				
C.		43c				
d.		43d			<u> </u>	
e .		43e				-,
f.		43f				
g .	,	43g				
	Total functional expenses Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines					•
	13-15) , , , , , , , , , , , ,	44	4287.39	3201.85	1085	
loint tre an	13–15) Costs. Check ► ☐ If you are following SOP 9 y joint costs from a combined educational campaign a " enter (i) the aggregate amount of these joint costs	98-2. and fund	draising solicitation	reported in (B) Programount allocated t	gram services? . > o Program services	
	t," enter (i) the aggregate amount of these joint costs a amount allocated to Management and general \$	\$		amount allocated t amount allocated t		\$Form 990

- 111	Statement	 	A	I	 <i>-</i>	 	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

ļ- ·		
W	hat is the organization's primary exempt purpose? Ministerial	Program Service Expenses
All of org	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	Book Publishing/ Materials/ Supplies/ Ministry	
	,,,	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	3201.85
b		
	,,,	
	(Grants and allocations \$) if this amount includes foreign grants, check here ▶ □	
C		
		•
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	***************************************	
	.,,	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	•
仁	Total of Program Service Expenses (should equal line 44, column (B), Program services)	3201.85

Form 990 (2005)

Р	art IV	Balance Sheets (See the instructions.)			
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	2600	45	335.28
	46	Savings and temporary cash investments ,		46	
			ı	1111	
	47a	Accounts receivable			
		Less allowance for doubtful accounts 47b		47c	
	~	Less. Allowal de 191-aeomini recodintes.			
	489	Pledges receivable		100	
		Less: allowance for doubtful accounts . 48b		48c	
	49			49	·- ······
	1	Grants receivable		70	
	50	Receivables from officers, directors, trustees, and key employees		50	•
	1	(attach schedule)		3/2/4/A	
us.	51a	Other notes and loans receivable (attach schedule) 51a		(10) P	
Assets	١.	201100010)			
ÿ	1	Less: allowance for doubtful accounts . 51b		51c	
~	52	Inventories for sale or use		52	584.9
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule) , , Cost L FMV L		54	· · · · · · · · · · · · · · · · · · ·
	55a	Investments—land, buildings, and		i e i sign	
		equipment: basis		經濟	
	b	Less: accumulated depreciation (attach			
		schedule) , , ,		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis			
	ь	Less: accumulated depreciation (attach			
	1	schedule)		57c	
	58	Other assets (describe >)		58	
		,			
	59	Total assets (must equal line 74). Add lines 45 through 58	2600	59	920.18
		Accounts payable and accrued expenses		60	
	ì	Grants payable		61	
		Deferred revenue		62	
u		Loans from officers, directors, trustees, and key employees (attach			· · · · · · · · · · · · · · · · · · ·
itie		schedule)		63	
Liabilities		Tax-exempt bond liabilities (attach schedule)		64a	
Lis		Mortgages and other notes payable (attach schedule)		64b	
		Other liabilities (describe >)		65	•
	00	Other Habilities (1990) by			. ,
	66	Total liabilities. Add lines 60 through 65	ام	66	00
_				g(* 678)	
-	Orga	nizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.			
S			ľ	67	
2	67	Unrestricted	2600	68	920.18
器		Temporarily restricted ,	. 2000	69	320.10
E .		Permanently restricted			
Ĕ		nizations that do not follow SFAS 117, check here ▶ □ and		22,43	
T		complete lines 70 through 74.	ļ.		
ō		Capital stock, trust principal, or current funds		70	
Net Assets or Fund Balances		Pald-in or capital surplus, or land, building, and equipment fund $$		71	
8		Retained earnings, endowment, accumulated income, or ether-funds— 🚉		72	
A		Total net assets or fund balances (add lines 67 through 69 or lines			
2		70 through 72;			
-		column (A) must equal line 19; column (B) must equal line 21) .		73	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	2600	74	920.18
	7-				Form 990 (2005)

Ρa	rt IV-A	Reconciliation of Revenue per Audinstructions.)	dited Financial Stater	ments With Re	venue per Re	iturn :	(See the	€
a	Total rev	enue, gains, and other support per audi	ited financial statements	ş	a			670
þ		included on line a but not on Part I, lin			우란			
1	Net unre	allzed gains on investments . ,		b1		2.5		
2		services and use of facilities		b2	0,000			
3		es of prior year grants		b3				
4		ecify):		1,	The last			
				b4		4		
	Add lines	b1 through b4			<u>b</u>	-		
C.			<i></i>		C			
d		included on Part I, line 12, but not on I		اعدا		-1 <u>1</u>		
1		nt expenses not included on Part I, Ilne		d1				
2	Other (sp	eclfy):		d2		ş		
	Anial liman	d1 and d2			d	4		
e	Total rev	d1 and d2 enue (Part I. line 12). Add lines c and d	, , , , , , , I			+		670
	rt IV-B	enue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Au	dited Financial State	ments With Ex	nenses per F	l Return		
	Q.	anne and leaves are militar flammed.	-1-1	THE THE PART IN	polison pol 1	101011		4287.39
a b	lotal exp	enses and losses per audited financial	statements . ,	A 1" " 1" 1 " " " " " " " " " " " " " "		<u></u>		EG. 1039-
" 1		included on line a but not on Part I, line services and use of facilities		l bil				
2		adjustments reported on Part I, line 20						
3		ported on Part I, line 20				2		
4		ecity):						
7				b4	\$ 15°			
		b1 through b4			Ь	1		
C					C			
d		included on Part I, line 17, but not on II			36.5			
٦ ₁		at expenses not included on Part I, line		d1				
2		ecify):				Ĝ		
-	Orrigi (abi	50ny),		d2	ا المراجعة على المراجعة على المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ا المراجعة المراجعة ال			
	Add lines				d	1		
е	Total exp	d1 and d2 enses (Part I, line 17). Add lines c and	d		. ▶ e		-	4287.39
		Current Officers, Directors, Trustees				officer.	director	. trustee.
	٠ -	r key employee at any time during the year	ar even if they were not	compensated.) (S	See the instructi	ions.)		,,
		(A) Name and address	(ii) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter	(D) Contributions to a benefit plant & def	mployee ferred	(E) Expens	se account allowances
Lina	Setzer		week devoted to position	-0)	compensation pi	ins		
		New Richmond Ohio 45157	30	. 00	1	QO.	•	00
034					 			
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							Form 95	90 (2005)

	1 830 (2003)				Page 6				
Pa	rt V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)		Yes No				
	Enter the total number of officers, directors, and tr meetings		4					
k	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part 1, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the Individuals and explains the relationship(s).								
c	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated—employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.								
d	If "Yes," attach a statement that identifies the organization and the other organization(s), including amounts paid to each individual by Does the organization have a written conflict of in	, and describes f y each related orga	ins the relations the compensati nization,	ship between this ion arrangements,	75d V				
	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	Key Employees That I	r other benefits (d	escribed below) during	efits (if any former the year, list that				
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances				
			· · · · · · · · · · · · · · · · · · ·						
	·····			·····					
Dar	t VI Other Information (See the instruction	e l			Yes No				
76	Did the organization engage in any activity not pr			" attach a detailed	76				
77	Were any changes made in the organizing or gove if "Yes," attach a conformed copy of the changes.	erning documents but	not reported to	the IRS?	77 🗸				
	6a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?								
	b If "Yes," has It filed a tax return on Form 990-T for this year?								
B0a	a statement	ion with a statewide	or nationwide org	anization) through	79				
·	common membership, governing bodies, truster organization?	es, officers, etc., to	any other exen	npt or nonexempt	80a /				
	If "Yes," enter the name of the organization ▶	and check whether it	is 🗆 exempt o	r 🗆 nonexempt					
B1a b	Enter direct and indirect political expenditures. (Se Did the organization tile Form 1120-POL for this y	e line 81 instructions). <u>81a</u>	• • • • •	81b				
1	* * * * * * * * * * * * * * * * * * * *				Form 990 (2005)				

Forn	990 (2005)			Page 7
Pa	rt VI Other Information (continued)			Yes No
82a	Did the organization receive donated services or the use of materials, equipment or at substantially less than fair rental value?		82a	1
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.	Anna A		
	(See instructions in Part III.)	82b		
	Did the organization comply with the public inspection requirements for returns and		83a 83b	
	Did the organization comply with the disclosure requirements relating to quid pro Did the organization solicit any contributions or gifts that were not tax deductible		84a	/
	If "Yes," did the organization include with every solicitation an express statement gifts were not tax deductible?	that such contributions or	84b	
85	T		85a	✓
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less		85b	✓
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h being received a walver for proxy tax owed for the prior year.			
	Dues, assessments, and similar amounts from members ,	85c		
	Section 162(e) lobbying and political expenditures	85d 85e		(M) = 2 (S)
_	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) Does the organization elect to pay the section 6033(e) tax on the amount on line		85g	* c 3 <i>P</i>
9	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to ac			
11	to its reasonable estimate of dues allocable to nondeductible lobbying and poli following tax year?		85h	/
88	501(c)(7) orgs. Enter: a initiation fees and capital contributions included on line 12	86a		
	Gross receipts, included on line 12, for public use of club facilities	86b	30/1	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	1000	
b	Gross Income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in partnership, or an entity disregarded as separate from the organization under Regula and 301,7701-3? If "Yes," complete Part IX	tions sections 301.7701-2	88	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during to section 4911 ▶; section 4912 ▶; section			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 ex- during the year or did it become aware of an excess benefit transaction from a pr a statement explaining each transaction	ior year? If "Yes," attach	89b	1
	Enter: Amount of tax imposed on the organization managers or disqualified per under sections 4912, 4955, and 4958		•	
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed. Number of employees employed in the pay period that includes March 12			
	Instructions.)	90b		
	Hocated at ➤ 54 Old US-52 New Richmond OH ZII	9 + 4 ▶ 4515	7	*********
	At any time during the calendar year, dld the organization have an interest in or a signor a financial account in a foreign country (such as a bank account, securities a account)? If "Yes," enter the name of the foreign country	ccount, or other financial	91b	Yes No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1	, Report of Foreign Bank		
	and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outsi		91c	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 104 and enter the amount of tax-exempt litterest received or accrued during the tax ve	7—Uneck nere ear ▶ 1921		. ▶ ∐

Part	VII Analysis of Income-Producing	Activities (See	the instructions	S.)	···	
	Enter gross amounts unless otherwise	Unrelated	business Income	Excluded by sec	tlon 512, 513, or 514	(E) Related or
indicat 93	ed.	(A) Business cod	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
a a	Program service revenue:	a	630	1		
a b				<u> </u>		Mr
_						
C d	<u> </u>					
_				 		
e	A A - 11					
	Medicare/Medicaid payments			 -		
_	Fees and contracts from government agent			 		
	Membership dues and assessments					
	Interest on savings and temporary cash investm		- 			
	Dividends and interest from securities .	201		NEWS THE PLACE	College of the State of the Sta	5.45 <u>1255</u> 78.69975
	Net rental income or (loss) from real estate		Language I To the Control	3 1 3 1 3 1 3 1 3 1 3 1 1 3 1 1 1 1 1 1	AND DESCRIPTION OF PERSONS ASSESSMENT	
	debt-financed property	i i		 		·
	not debt-financed property			 		
	Net rental income or (loss) from personal prope		·	 		·
	Other investment income		_			
\sim	Gain or (loss) from sales of assets other than inven			 		
	Net income or (loss) from special events—					
	Gross profit or (loss) from sales of inventor	У	40	 		
103	Other revenue: a			 		
b.				 		
Ç.			<u>. </u>			
di.			<u> </u>			
Θ.		St. Warnington, Commen	98	Constitution and Constitution		
	Subtotal (add columns (B), (D), and (E))		8			
	Total (add ilne 104, columns (B), (D), and (.▶	670
	ina 105 plus line 1d, Part I, should equal t					···
Part V						
Line N	o. Explain how each activity for which inco				nportantly to the a	iccomplishment
	of the organization's exempt purposes	other than by provi	ding funds for such	purposes).		·-··
						
Part I	Information Regarding Taxable St	ibsidiaries and L				
^ 1	Vame, address, and EIN of corporation,	(B) Percentage of ownership interest	(C) Nature of ac	ntiulities.	(D) Total income	(E) ≀ ∴d-of-year
	partnership, or disregarded entity		INDICATION OF SEC	MAINES	TOTAL HISSING	assets
		%				····
		- %				
		. %	· · · · · · · · · · · · · · · · · · ·			·
		%				
Part X	Information Regarding Transfers As	sociated with Per	sonal Benefit Cor	ntracts (See tr	e instructions.)	
	aid the organization, during the year, receive any funds]Yes ☑ No
(b) (old the organization, during the year, pay p	remiums, directly	or indirectly, on a	personal ben	efit contract?	is 🛭 No
Note:	if "Yes" to (b), file Form 8870 and Form					
	Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declare	mined this return, include	ling accompanying sci	nedules and state	ments, and to the bea	st or my knowledge
Dioces		attour pri preparer (ottler	Man oncen is based	on an information	t of which preparer in	as any knowledge.
Please		- GV				·
Sign	Signature of officer			Da	ite	
Here		\bigcup_{λ}				
	Type or print name and title.	201				
Deld.	Preparer's		Date	Check If	Preparer's SSN or P	1 ··: Gen. Inst. W)
Paid	signature 🔽	//	<u>′_</u>	self- employed ▶ □	J	·
Preparer's	Firm's name (or yours	<u> </u>		EIN	>	-
Use Only	If self-employed), address, and ZIP + 4			Phone i	no. ► ()	
						Fr 1 990 (2005)